Application or Docket Number: 10815087

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	5	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	5 minus 20=	•
INDEPENDENT CLAIMS	2 minus 3 =	•
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE	OR	RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	770

CLAIMS AS AMENDED - PART II

12·13·

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	• 5	Minus	= 20	•
Independent	• 2	Minus	= 3	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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5·31·06

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	• 5	Minus	= 20	•
Independent	• 2	Minus	= 3	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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8/31/06

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	• 5	Minus	= 20	•
Independent	• 2	Minus	= 3	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.